



STUDENT INFORMATION SHEET

This information is confidential and stays in our classroom.

Student name _____ Birth date _____

Address _____

Transportation to school: _____

Transportation from school: _____

		Mother/Guardian	Father/Guardian
Name			
Please put a ★ by the best # to call during school.	Home Phone		
	Work Phone		
	Cell Phone		
E-mail Address			

Someone else to call if my guardian can't be reached:

Siblings:

Is there any additional information that you would like to share (e.g. allergies, medication, custody, etc.)? _____

Signature _____ Date _____